## Arizona Department of Health Services Office for Children with Special Health Care Needs

Annual Family Resource Coordination Program Report					
CONTRACTOR NAME:		DATE:			
ADHS CONTRACT NUMBER:		SFY:			
	ТВІ		SCI	CYSHCN	
Number of Referrals					
Source of Referrals					
Number of Intakes					
Number Assessed for Program Services					
Number Accepted for Program Services					
Number Declined Program Services					
Number of ISPs Completed					
Number and Type of Payer Source					
Number of Members Provided DCS Services					
Total Cost of DCS Services					

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Revised 04/04/2007

## Arizona Department of Health Services Office for Children with Special Health Care Needs

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Number of Hours by Topic of Community Outreach/Education		
Number of TBI/SCI Community Outreach/Education Participants by Type		
Number of 15/301 Community Outreach/Education Failtideants by Type		
Number and Source of TBI/SCI Referrals Compared to Community Outreach/Education Activities		
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Number of Members Linked to Other Resources		
Number of Members Linked to Other Resources		
Number Exited from Program and Exit Reason		
Number of Marshara Convol by Condor		
Number of Members Served by Gender		

## Arizona Department of Health Services Office for Children with Special Health Care Needs

Number of Members Served by Age		
Number of Members Served by Race/Ethnicity		
Number of Marchage Convert by an Indian Triba(a) Name of Triba(a)		
Number of Members Served by an Indian Tribe(s) . Name of Tribe(s)		
Number of Members Served by an Indian Reservation(s) . Name of Reservation(s)		
Number of Members Served by County of Residence		
Number of Members Served by County of Residence		